OPI

Linda McCulloch, Superintendent
Office of Public Instruction
Accreditation Division
PO Box 202501 Helena MT 59620-2501

**DISTANCE LEARNING
2007-2008 School Year**

County: _____
District: _____ **Le:** _____
School: _____ **Sc:** _____

Purpose: This annual report will provide the Office of Public Instruction with the necessary information to meet the requirements of 10.55.907 ARM – Distance, Online, and Technology Delivered Learning – Revised March 2004.

Yes/No

1. Does the district utilize distance learning to fulfill elementary or middle school basic education program requirements and/or high school graduation requirements as provided for in 10.55.907 ARM?

If YES to Question 1:

2. Does the district provide a facilitator in accordance with the standard – 10.55.907(3)(c)?

3. Does the district provide training for the facilitator, in accordance with the standard – 10.55.907(3)(d)?

4. Provide the following information for all providers the district is currently using.

Create one record for each provider or coordinating entity (including school districts). List all the courses the district is receiving from that provider or coordinating entity. Copy this page as necessary to list all providers utilized by the district.

Entity	Address	Phone	Email	City, State, Zip

Is this provider or coordinating entity registered with the OPI pursuant to – 10-55-9078 (5)(a-e)?

Course Name	Grade Level	Number of Students

Entity	Address	Phone	Email	City, State, Zip

Is this provider or coordinating entity registered with the OPI pursuant to – 10-55-9078 (5)(a-e)?

Course Name	Grade Level	Number of Students

County: _____
District: _____Le:_____
School: _____Sc:_____

4. Continued…

Entity	Address	Phone	Email	City, State, Zip

Is this provider or coordinating entity registered with the OPI pursuant to – 10-55-9078 (5)(a-e)?

Course Name	Grade Level	Number of Students

Yes/No

5. Is the district a provider of distance online technology delivered learning for other school districts in Montana?

If yes to question 5:

6. Provide the following information for all schools currently being serving.

Create one record for each school currently served

District Name	School being served

Course Name	Teacher's Folio Number	Grade Level(s)	Does offering comply with teacher load requirements of ARM 10.55.7.13(3) Y/N

District Name	School being served

Course Name	Teacher's Folio Number	Grade Level(s)	Does offering comply with teacher load requirements of ARM 10.55.7.13(3) Y/N